

Health problems of hippies in the Haight-Ashbury area of San Francisco are discussed, and the wider implications of adolescent alienation in contemporary American society are stressed.

RUNAWAYS AND THEIR HEALTH PROBLEMS IN HAIGHT-ASHBURY DURING THE SUMMER OF 1967

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WITHIN the last three years, the nation has witnessed the rise and fall of a "psychedelic" subculture in the Haight-Ashbury district of San Francisco, with the peak of this movement being reached in the summer of 1967. The glamor and appeal of the philosophy, "turn on, tune in, and drop out," attracted thousands of alienated adolescents and runaway teenagers to live in Haight-Ashbury and to participate in the life of a hippie. Unfortunately, many of these runaways were unprepared for this new life style, did not understand the "hip philosophy," and as a result often became involved in a destructive pattern of living.

Originally, this large hippie or psychedelic group congregated in order to share creative, emotional, and transcendental experiences with others of like mind. Living communally, they were attempting to express a philosophy of love and brotherhood, often with the aid of psychedelic drugs. Within a small, tightly knit neighborhood such as "Haight" it was possible to "drop out" of society's mainstream and set up a subculture which functioned more or less independently of society's rules.

These young people, predominantly from middle-class homes, were and still are attracted to the Haight-Ashbury area

for a variety of reasons. The tremendous amount of publicity regarding philosophical freedom, the possibility of attaining a feeling of togetherness with others of like beliefs, and the ready availability of psychedelic drugs all contributed to the attraction.

Feeling alienated from their former environments, they believed that Haight-Ashbury offers a group situation where they can share their ideals with others. This withdrawal from the dominant American culture leads to further alienation from society at large and fosters the development of mutual mistrust. Expressing a philosophy of universal love and peace, these individuals feel that the only practical way of sharing their emotions with others is by direct action rather than by precept. An integral part of their social existence is to understand others, and the use of psychedelic drugs for emotional insight is felt to be the most valid method of providing a basis for this objective.

Unfortunately, due to much publicity, the summer of 1967 found Haight-Ashbury swarming with young people—from all walks of life—who had little understanding of the proper "use" of psychedelic drugs. The original subculture was shattered by thousands of upset, unhappy, confused young people who were

looking for immediate answers to life's problems and who had little understanding of the "new community" philosophy. Haight-Ashbury soon became a disaster area with inadequate housing, food, and health care. Many health problems reached almost epidemic proportions as a result of deprivation of normal facilities for sleeping, food preparation, and personal hygiene. The drugs available on the "street" were taken with little preparation and in improper environment, often bringing disastrous results. A contagious frenzy prevailed — "hurry up, man, drop some acid — get high, man, it's a groove."

Establishment of a Special Medical Clinic

This acute medical emergency prompted the opening of the wholly volunteer Haight-Ashbury Medical Clinic on June 7, 1967. Initially, the clinic developed a "calm center" wherein proper medical care could be given to persons experiencing adverse drug reactions ("bad trips") while under the influence of LSD. But it was immediately realized that a general medical clinic was also necessary because many of these people felt alienated from society to such a degree, or were so fearful of legal complications, that they would not use the standard city facilities for their general health problems. Furthermore, most of the area's residents would not go to other community medical facilities because of lack of transportation (i.e., no car and no money for public transportation). An integrated program of medical and psychiatric services had to be developed because of the widely varying problems that were encountered.

In dealing with this alienated minority, the clinic acted as an agent fulfilling a normal social function and endeavored to maintain standards acceptable to all. A maximum amount of confidence was sought with the individual through in-

formality in both decor and manner. Personal confrontation was kept to a minimum by asking for only the basically necessary personal information, and by the strictest regard for the confidential character of personal records and problems. Patient-doctor relationships were relaxed, and the greatest possible use was made of hippie volunteers.

Health Problems Encountered

During the summer of 1967 (July 6 to September 5), approximately 12,000 patient visits were made at the clinic; these presented a wide variety of health problems. There was a high incidence of respiratory tract infections, hepatitis, venereal disease, and drug problems. Table 1 gives a representative sample of the patients treated. Table 2 gives a representative sample of the composition of the population.

Problems Related to Drugs

The feeling of alienation from society has led to various forms of rebellion and antisocial behavior, including a high incidence of illegal drug use and abuse. The illegal activity associated with drug traffic has brought about a general cohesiveness within the subculture. It has also enhanced the withdrawal from authority figures and from established institutions of the main culture, including doctors, hospitals, schools, churches, and professional counselors.

The subculture, however, did not provide itself with adequate facilities to replace these institutions. Although the motivations of the subculture rely on a "transcendent realization and comprehension of life," as opposed to accomplishment and production, human necessity dictates that these needs must be cared for. Existing "official" facilities for drug abuse treatment within the city are already filled to capacity with acute alcohol and opiate patients, and need to be

Table 1—Summary of the medical problems treated by the Haight-Ashbury Medical Clinic during July, 1967 (excluding drug psychiatric problems)

Type of disease	
Skin	
Infections	112
Other	120
Eye	27
Respiratory	
Viral "cold"	279
Ear infection	46
Sore throat—tonsilitis	216
Bronchitis, asthma	142
Pneumonia	12
Cardiovascular	5
Hepatitis	
Jaundiced or strongly suspected	61
Exposed	31
Gastroenteritis	52
Other GI	18
Pregnancy-related	38
Referred—Planned Parenthood	30
Venereal disease	
Female	55
Male	50
Nonvenereal	
Urinary tract infection—female	30
GYN	61
Urinary tract—male	23
First aid	
Lacerations (primarily foot)	198
Acute trauma—sprain, etc.	80
Posttraumatic cleaning	11
Other noninfections	33

augmented to handle the growing patient load.

In the Haight-Ashbury area, the patterns of drug use and abuse are much different from those of middle-class "straight" society or from other ethnic minority groups. Review of these drug patterns in historical perspective is essential for proper understanding of the contemporary phenomena.

Marijuana

Young people of today experiment with marijuana as their parents did with

alcohol. Despite the fact that 95 per cent of this population use marijuana, few acute or chronic abuse problems or untoward reactions are observed. Those individuals with adverse reactions would not seek medical help any more than a "straight" individual would seek help if he drank too much alcohol.

LSD

During the summer of 1967, many young people "freaked" on acid—that is, they experienced extreme anxiety or panic reactions, feeling they had lost their minds. Many feared they might be permanently psychotic. We have seen many such patients in the "calm center." We first try to bring them "down" with low-pitched positive conversation; then we change their anxiety into realization and acceptance that they are still themselves

Table 2—Age and geographic distribution of medical patients, July, 1967

Females	812
Males	1,176
Ages	
0-18	113
18-20	931
21-24	676
25-34	234
35 over	35
No age	23

Geographical location in San Francisco and vicinity (at time of treatment)

Haight-Ashbury	1,025
Haight-Ashbury (no address)	600
Downtown, Central City	69
Fillmore	62
Mission	53
Sunset	22
Marina	14
Telegraph Hill	13
Richmond	12
Potrero	10
Russian Hill	9
Inglesdie	8
Diamond Heights	6
Bayview	2
Tenderloin	2
Silver Terrace	2
Outside San Francisco-Berkeley	138

and will gradually regain their former mental equilibrium.

Methamphetamine

The most dangerous and most abused drug in this area is methamphetamine or "speed" which is readily procurable in black market crystal form. "Meth" itself decreases the appetite and keeps the person awake for abnormally long periods of time, thus depriving the body of food and rest. Fatal reactions or "speed kills" (a familiar term in Haight) are largely ignored and increasing numbers of young people are resorting to this drug. The immediate sensation after an intravenous injection is a "flash" which has been described as a "total body orgasm." The person has a feeling of well-being and of increased self-confidence.

"Speed freaks" usually live together in "speed palaces" to the great disadvantage to anyone who wants to get off the drug. Among young people the peer group is of great importance; accordingly, it is difficult to inform one's friends who are all users that this "scene" is not for you. A person must have strong motivation to escape from this environment, and the tendency is to stay with the group and keep using the drug. A severe toxic psychosis, resembling an acute paranoid-schizophrenic state, may appear after prolonged use. The "meth" user also endangers his health by taking the drug intravenously. Serum hepatitis is a hazard since most people "shoot" together. Local abscesses and septicemia from unsterile injections are other complications. Also, he may inject barbiturates or heroin to calm his paranoia and develop secondary dependence to these drugs.

"Meth" often gives rise to unusual clinical signs, such as abdominal pain or cramping which may be misdiagnosed as appendicitis; severe dyspnea which outwardly resembles asthma and yet responds not to epinephrine, but to chlorpromazine. Many users are in poor nu-

tritional state and have skin problems, acne, excoriations, and the like. Sores of the mouth or lip are frequent, for "meth" dries mucous membranes and the patient licks his lips frequently while under its influence.

Users will often stay awake for three days or longer. At the end of this period, though exhausted, they may experience extreme anxiety and find it impossible to sleep. We treat these patients with librium or chlorpromazine by mouth, depending on the severity of the reaction, and keep them under observation in the calm center until it is established that they will be able to sleep.

The clinic's position is not to pass judgment or moralize, but to inform patients of the hazards of drug-taking and to give medical care. Its view is that a person should be aware of all the consequences before he makes a valid decision as to whether or not he will use drugs.

Drug-using patients come in with minor problems, such as an abscess which does not need psychiatric attention per se, but they always will be seen by a physician. Such persons are often "checking us out" with minor needs; if we are able to instill enough confidence in them, they return with their more severe problems. However, of greater concern to society than these immediate medical and psychiatric problems in Haight-Ashbury are the basic processes of alienation which motivate adolescents to run away and adopt this life style. Why these young people are leaving home in such large numbers is a major dilemma.

As pointed out by Wolfe,* "What we should do about hippies is only one side of the question." The other aspect of the question is "not what to do about hippies but what to do about dropouts, drug addicts, runaways, and mental

* Wolfe, Burton H. *The Hippies*. New York: New American Library (A Signet Book), 1969, p. 194.

cases. And the answers are unacceptable to the American people.

"Are the American people ready to give every child between the ages of three and six a psychological examination so thorough in nature that it will enable parents, school officials, social workers, physicians, and psychologists to guide them into work and life styles that they can undertake without breakdowns? Are the American people ready to finance healthy upbringings and education for every child in the nation, regardless of race or economic class? Are the American people willing to create a system that devotes individual attention to children, particularly those who have a low tolerance or no tolerance for competition? Are the American people willing to cut up the vast cities into small communities where people know each other and feel responsible for each other? Are the American people willing to love each other? Are they willing to love blacks and whites alike? Are they willing to base their lives on something other than the profit motive? Are they willing to meet personal problems by some means other than addiction to barbiturates, booze, and nicotine? Are

they willing to seek solutions to internal and international problems by some means other than police action and armed force?

"No? Would all of that be too radical? Then how can we do anything about hippies? We created them. Now they exist and we exist, in two ways of life that are diametrically opposed, even though they paradoxically reflect each other.

"The real question to be asked is not what should we do about the hippies, but rather: What should we do about us?"

Summary

Unless the "root causes" of alienation are taken care of in the original communities from which these young people are "fleeing," we will continue to witness the unfortunate specter of thousands of teenagers destroying their bodies and minds with a destructive life style, the implications of which they do not fully understand. However, until these basic motivating factors are resolved, there will be an increasing need for neighborhood free clinics such as the Haight-Ashbury Clinic.

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